	ST REIMBURS	ABLE				
		(Department, bureau, or establishment)			-	PAID :
Voucher pres	pared at	(Give place and date)			-	<b></b>
THE UNITED STATES, Dr.,		Payee's Account No			م ا	ne 1
		·			70	1-242
10		(Payce)			- c	OPY / O
	/ / 3 3 -	ress) (City)	(04-40)		_	
No. and Date of Order	(Adda	ARTICLES OR SERVICES		(State)		RICE
	Date of Delivery or Service	(Enter description, item number of contract or F schedule, and other Information deemed no Discount Terms	ecessary)	QUANTITY -	Cost	Per
		Cost				\$(
PAYMENT:					_	
Complete	1					
Partial Final						
Shipped from	to	Use continuation sheet(s) if necessary  Weight Gove	rnment B/L No.			Total \$(
				ee must NO	Γ use this sp	
I certify that the	above bill is correct	and just and that payment has not been received.	Differer	ices		
		(Sign original only)				
Date 3-24-	59 *Paver					
		d when a like certificate is made by payee on attached bil	l or bills) Amo	unt verified;	correct for	6
Per		Title	(Sign	ature or initi	als) EL_	
Contract No.	7777	te Req. No.	I	Date	Invo	oice Rec'd.
Pursuant to author	ority vested in me, I	certify that this account is correct and proper for pay	ment.			
† Approved for \$						
		SIGN				
Ву		ORIGINAL 7	Title			
Title			Date			
		IS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SEI				•
	ACCOUN	TING CLASSIFICATION (Appropriation Symbol m	and he shows as h	l	I 4I 1	

